Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) e. COUNTY Page b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest town for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET funeral retained he State B death. NAME OF Middle DECEASED 3 to the OF the age 5 may be re 1 and 2 with the 72 hours after of (Type or print) DEATH 5. SEX AGE In years HF UNDER 1 YEAR 7. MARRIED NEVER MARRIED (asj birthday) and Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, eyen if retired) Give Pages 1, pages 13. FATHER'S NAME MAIDEN NAME 0 16. SOCIAL SECURITY NO. (Yes, no. or unkown) ((Ifyesgivewarordelesofservice) permit. Office along with burial-transit permi This certificate should be executed in pencil in frem 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] 2 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause Examiner's 40 DUE TO SE (h), steting the underlying cause last. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY Pe certificate, writing the word should CERTIFIC 20e, EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, lEnter nature of Injury in Part I or Part II of Item 18.1 PRIMARY TO OF CONTRIBUTING TO burial, 3 be forwarded to the Chief Month, Dey, Yeer 200. PLACE OF INJURY (Home, farm, 1 Page 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bidg., etc.) 2 While Not While et work el work prior PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V designated agent, death resulted from: Natural causes Suicide Homicide Underermined manner CHIEF MEDICAL EXAMINER 4 should be for:
O PUNERAL D ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 ò REC'DAY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

Yeer

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

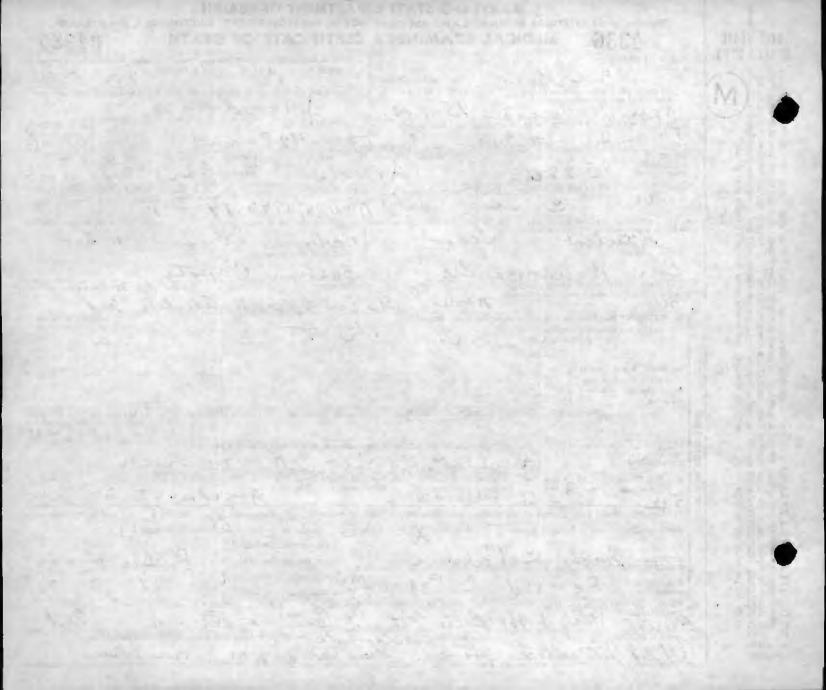
NO M

(Stete)

and in my opinion

IF UNDER 24 HRS

ON A FARM?



Page O DEPUTY MILE ALL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your O PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

43.	37 MEI	DICAL	EXAMINE	R'S	CERTIFICA	LE OI	DEAT		A	4331	0
. PLACE OF DEAT	H			2	. USUAL RESIDEN	ICE (Where	dacaased livad	, If inst	titution, Resid	anca bafore	admission)
a. COUNTY			********		a. STATE		b. C0	YTHUC	77	3	
	arford (if outside corporata lim	142	MARYLAI		Mary]			21 01	Harf		-
write RURAL an	d give nearest town)	IIIs, c.	LENGIH OF STAT IN	d ib	c. CITY OR TOWN	(It outside c	orporala limits,	erito Ki	UKAL and giv	naarasi lov	v n)
Calvary Ro	d. Churchy.	ille	5 mo	8	Calva	ary Ro	. Churc	hvi	lle		
d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hospita	l, giva straat addrass)		d. STREET ADDRESS						ESIDENCE
					/ Bel Air	r R D	# 1			YES	A FARM?
NAME OF	First		Middle	- 11	Last	4. DAT		onth	Da		Para
DECEMBED	TOGRANI			D 4 T 400		OF		4 -		,	
(Type or print)	JOSEPH_			BALD	NIN	DEA	TH AD	ril	2	19	61
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] 8. D	ATE OF BIRTH		9. AGE (In ye				24 HRS.
Male	White	WIDOWED	DIVORCED T	1 M	ar.30,1909		52 yr	141	onlhs Days	Hours	Min.
Da. USUAL OCCUPA	TION (Give kind of wor	k 106. KIND	OF BUSINESS OR INC		11. BIRTHPLACE (State	or foreign		-	12. CITIZEN	OF WHAT	COUNTRY?
done during most of w	orking life, even if retire										
	enter	Hou	B e		Virgin:					U.S.A	.,
3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
	Mose Bal	derin			Tde R	eavers					
	VER IN U.S. ARMED FOI	RCES? 16. 50	CIAL SECURITY NO.	17. INF	ORMANT	rever.	Add	ress	PARAMETERS.	-	-
Yas, no, or unkown)	(liyesgiva warordatasof:	sarvica)		30		4	an.			1/3	
no				Ma	rgie Baldw	1n	Chu	ren	ville,	SECTION AND LABOR.	
	DEATH Enlar only on	a causa par lina	for (a), (b), and (c).]							NTERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocar	dial Infa	reti e	on					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEATH
4700	DUE TO										
V - 101				,							
Conditions, if an	100	Arter	roscretotro	c_hea	art disease	-					
(a), stating tha	DIJE TO										
cause last.	(c)										
PART II. OTH	ER SIGNIFICANT COND	TIONS CONTRI	BUTING TO DEATH BU	JT NOT R	ELATED TO THE TERMI	NAL DISEA	SE CONDITION	GIVEN	IN PART I(a)	19. WAS A	UTOPSY
											DRMED?
	Allee base			- TO -		4.E. B. + 0	12 747			YES T	NO [
PRIMARY TO OF C		20b. DESCRIBE	HOW INJURY OCCUR	(ED. (Enta	r nature of injury in Pa	rt I or Part II	l of item 18.)				
CAUSE OF DEATH	k,										
20c. TIME OF INJ	URY Month, Day, Ya	sar 20d. INJ	JRY OCCURRED 200		OF INJURY (Home, far		City or town)		(County)		(Stata)
Hour a.m.		While	Not Whila	factory,	, streat, office bldg., atc	2-)					
p,m.	19		at work		partial				_		
21. I certify	that I took charge	of the remain	is described above	e, held	an Autopsy	Inspectio	on , Inc	uiry	, an	d in my c	pinion
death resulted	from: Natural c	auses 🕱.	Accident .	Suicide	, Homicide	T. 1	Undetermined	man	ner		
	- 1	Lane of the lane o			CHIEF MEDICAL	EXAMINER	П		_		
ACTUAL	1)/00	1 5 F	4/7		ASSISTANT ME		AINER 🕶			DATE SIG	INED
SIGNATURE	have	3 0	Cut, -		M.D.					2010	
EXAMINEES	Charles S.	Dadda	0.		DEPUTY MEDICA	L EXAMINE	R		4/	2/61	
SYNCHET (Towns)											

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)

Abingdon Md.

Apr 5 '61 Clashur & Harrian

22d. LOCATION (City, town, or country)

Birtal FUNFRAL DIRECTOR

Abingdon, Md.,

22c. NAME OF CEMETERY OR CREMATORY

Chilhun S. Kraus

(State)

VS. A15ME 5M 7/59

40

TO DEPUTY

7 ATTENDED IN CONTROL .. SON ? withdower the much A CANADA MANDA - 1 - 1 - 1 - 1 - 2 - 2 10 1 1 Chilativ said teinering ar v st ani Miss 3 1 vin War to Baldwin Cristonyil s, M., The state of the responsibility Birth (1.1,1) is in nomental Course and in Marion, Mario (.6) (a) 501d

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

()4332

	PLACE OF DEATH	2. USUAL RESIDENCE	(Where deceased lived, If	institution: Rasidanca bafora admission)
	o. COUNTY	a. STATE AL	b, COUN	TY 11 C 1
	MARYLAND MARYLAND	/10		Hartord
	b. CITY OR TOWN (if outside corporate limits, s. LENGTH OF STAY IN 1b write RURAL; and give nearest town)	c. CITY OR TOWN (If o	utsida corporata limits, writa	RURAL and give nearest town)
L	AURC de GAACE 32dAYS	X JOPPA		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	a d. STREET ADDRESS		. IS RESIDENCE
	1/ - 11	-1 -	1	ON A FARM?
	HARTORD MOMORIAL HOSPILAL	CLAV	ION RD	YES NO
3.	NAME OF First Middle	Lall	. DATE Month	n Day Year
	(Type or print) LOUISA ANNA BENNER		DEATH APP	12 13 1961
5.		B. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
		** * * * * * * * * * * * * * * * * * * *	last birthday)	Months Days Hours Min.
_	Kenste White WIDOWED W DEVORCED	Mar. 8, 1889	172 yrs.	
196	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County	& Stata, or foreign country)	12. CITIZEN OF WHAT COUNTRY
U	Gars Mask Mask Masembler ired US Gov.	M		0.5
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	115	
13.	CI I O II OC	14, MOTHER'S MAIDEN NA	IME O	
	Charles It. Hoffman	Quanata (MoloRa	_
15.		INFORMANT	Address	- ver
(Ya	s, no, or unkown) (Ifyes giva war or datas of sarvica)	Mr. George T.		rryman, Md.
*****	1/0 220-20-7264			TJERREY MAIL
	18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c),		Ý.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY,	Dullian		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	- race nera	(Jac J
	260 X DUE TO V 1 A	L ca l		1 / V
	Conditions, it any, which) (b) (Chely /)	allela.		Jele
	gava risa to immadiale causa	-		
	(a), stating the underlying DUE TO	D- han		Educate
	couse last. (c) GUCTURE 18	14 Neg		o but (C)
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE PERMINA	L DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
710				PERFORMED?
CERTIFICATION				YES NO X
TE	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Entar natura of injury in Par	11 or Part II of itam 1B.)	
Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
Y.	20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2Da. PL	ACE OF INJURY (Hame, ferm,	2Df. (City or town)	(County) (State)
MEDICAL		tory, straat, office bldg., atc.)	())))	(4.4.4)
WE	p.m. 19 at work at work			
		HDK1 / 10	61 in 110111	13 1961, that (1) (wa) to
	21. I certify that (I) (this hospital) attended the deceased from.	19	but the state of t	17.50.3, Illa! (1) (We) 103
	saw the deceased alive on APRIL 13 1961, and tha	death occured at.	.M, from the causes	and on the date stated above
	22a. SIGNATURE			2£b. DATE
	Alder thillen his	A.D. PHYS, DIR	D. STAFF	4/13 SIGNEE
	22c. PHYSICIAN'S	22d. ADDRESS		1/ 3/6/
	NAME (Type)	1 1	Blicoto	700 1
	dually milys my	J. 1	1117 10V	+ 1000
232	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, for	wn or county) (Stata)
	REMOVAL (Specify)		Tanna	N.A
	Burial Apr. 15, 1961 Trinity Lu		Joppa	Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ATA	BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
	Howard K. McOgmas & Son Abingdon,	MC. DATAPA	18'61 an	Ulwa S. Kraus
	Noward IC Mictorian &	I movement as		1 May 1 Warmen

TO HOSPITAL CONTINUING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 4 represented by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2

VR A15 (4) 15M 9/60

ANTENNAMENT OF THE COV.

Mr. General Royer Parymen, Mt.

Burlal Apr. 13, 1901 Irlaity Latheren Jerie

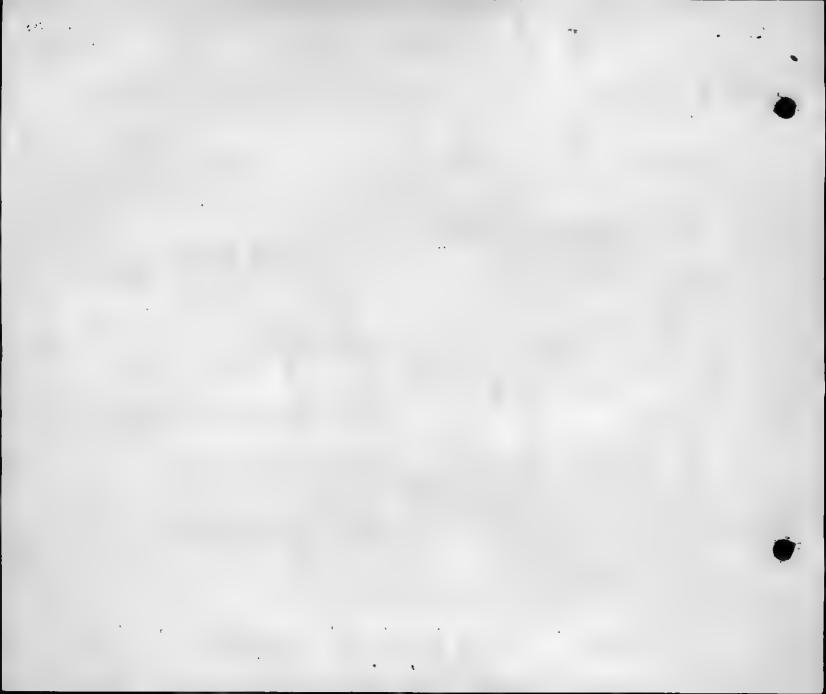
Howers I. McJ. mas a Ros Ibinidon, Md.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4340 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOV (if outside coporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (V outside corporate limits, write RURAL Pages aft e. IS RESIDENCE OR INSTITUTION (if not in hospital, give street ON A FARM? YES NO Z mpletely papers. NAME/9 Month Dey 72 DECEASED OF (Type or print) DEATH 19 Ö carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months WIDOWED event, physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоуп 1Db. KIND OF BUSINESS OR INDUSTRY or loreign country) done during most of working life, even if retired) 13. FATHER'S NAME please 14. MOT death Then please E EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT law requires that the removal, (Yes, no, or unkown) | (If yes give war or deles of service) physician. permit. 18. CAUSE OF DEATH [Enter only one cause perfile for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH signed By PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO affending Conditions, if any, which this centificate has been (b) gava rise lo immediale cause DUE TO (a), stelling the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? 5 8 NO YES DSD. Prior 20a. ACCIDENT WAS UNDERLYING 17 | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH detached Affer 5 2Dd. INJURY OCCURRED | 2De, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work al work 19 p.m. CTOR: to ... D .19......, and that death occured at (1.34M, from the causes and on the date stated above. saw the deceased alive on Ding 22b. DATE 22a. SIGNATURE. SIGNED ATTENDING MED. STAFF 5 m PHYS. DIRECTOR PHYS. death. Page 4 M.D. with f 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, p 230. BURIAL, CREMATION 236. DATE THEREOF 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 2 8 '61 arthur S. Tracas 15M 9/60 admin 207/19

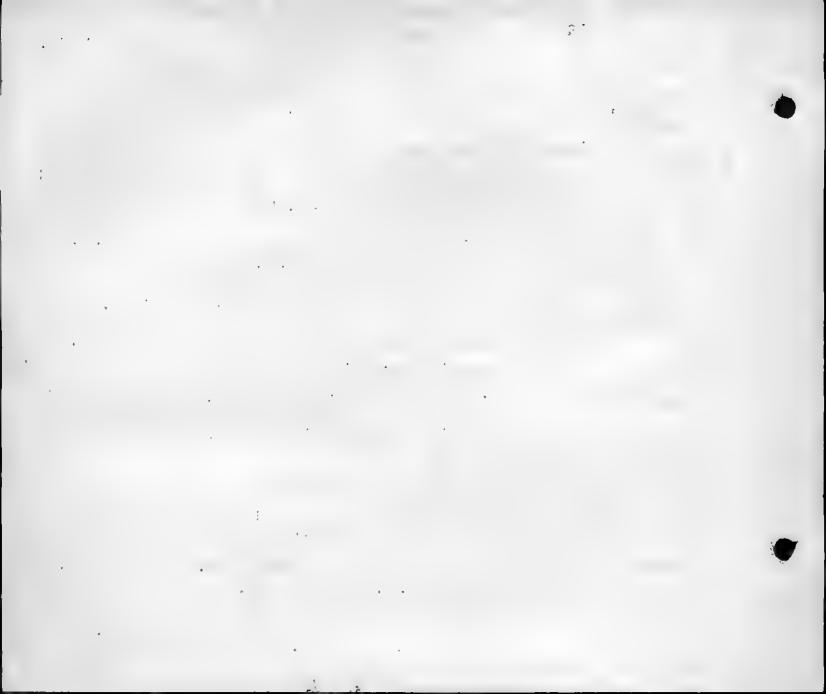
MARYLAND STATE DEPARTMENT OF HEALTH

GAS D the state of the state of the state of the state of they we desired they I seemed in his An cong Courses stood Friend 27 El Male Col Spirit Fly 201 and the state of the said from the said of and the state of t they he " freely it most - they it - the a time to THE LOCAL THE SERVICE - state of any think of the

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased I ved, If institution: Residence before a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN All outside corporate limits, write RURAL and give neerest town) a. IS RESIDENCE ON A FARM? YES NO P 3. NAME OF DECEASED OF DEATH (Type or print) IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR . 8. DATE OF BIRTH 7. MARRIED THEYER MARRIED last birthday) Months WIDOWED [10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? physicia Home please Address 18. CAUSE OF DEATH [Entar only one cause par line for (e) (b), and (c) IMMEDIATE CAUSE (+) DUE TO (e), slating the underlying PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO X 208 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTICE MEDICAL EXAMINER) 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of nigry in Part I or Pert II of them 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While allegided the degreesed from March 21 | certify that (I) (this hospital) 6.1, and that death occured at 1.1.4M, from the causes and on the date stated above. saw the deceased alive on. 22b, DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSIC AN'S 22d. ADDRESS 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) 23a. BUR AL, CREMATION | 23b. DATE THEREOF (State) REMOVAL (Specify) Grove Cemetery 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 AUNERAL DIRECTOR'S SIGNATURE Tarring Mineral Home VR A15 (4) William & Kraus 15M 9/60 Aberdeen. Md.



1 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3 7	CERTIFICATE OF DEATH Reg. Dist. No. ()4335
directo	1. PLACE OF DEATH D. COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE MARYLAND HARFORD HARFORD
e e e e e e e e e e e e e e e e e e e	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELL AIR c. LENGTH OF STAY IN 1b Lifetime c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BEL AIR
by the h	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 211 Franklin Street d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) YES \(\) NO \(\)
illed in b	3 NAME OF DECEASED (Type or print) LUCY LUCINDA CLARK 4. DATE Month Day Year OF DEATH APRIL 24 19 61
pletely fille	5. SEX Female 6 COLOR OR RACE Negro 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Negro 9. AGE (In yeors logt birthdoy) Months Days Hours Min
and cam Beath.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE Waryland 12. CITIZEN OF WHAT COUNTRY U. S. A.
io ap of	13. FATHER'S NAME Jacob Brown Fanny Williams
ing physic e remave 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (Fobert Clark (son) 211 Franklin St., Bel Air
he attendi hen pleas ent within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Pulmonary edema, acute
ermit. T	Canditions, if any, which gave rise to immediate OUE TO DUE TO Congestive Heart Failure Congestive Heart Failure OUE TO
ansit p	cause (a), stating the under- lying cause lost. Column Continuous Continuous Continuous
Pury Pury Pury Pury Pury Pury Pury Pury	Mild senile mental deterioration; Ventral hernia: bilateral cataracts PERFORMED?
os the k	(IF EITHER, NOTIFY MEDICAL EXAMINER)
ar use	Hour a. m. 19 While Not while at work
Afferial, burial,	21. I certify that I attended the deceased from April 21, 1955, to April 21, 1961, that I last saw the deceased alive an April 21, 1961, and that death accurred at 5:15 AM, from the causes and an the date stated above
d be del	ACTUAL SIGNATURE Paul S. Stonesife for M.O. 115 Fulford Ave. 1/25/61
Shaul shaul stror	PHYSICIAN'S Paul S. Stonesifer, Jr., M. D. Bel Air, Md.
O FUN Page 3	22c. BURIAL CREMATION, REMOVAL (Specify) Burial April 26-61 BClarks Chapel Kalmia Harford-Md.
A15 (4) M 10/57	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Bel ir DATE APR 2 6 '61 CATHUR S. KINGA



1343 **CERTIFICATE OF DEATH** Reg. Dist. No. () 4336 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYLAND MARYIAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Emmorton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ROAD HARFORD CONVALESCENT to mit Emmorton YES X NO NAME OF JIW. F. 4. DATE Middle Month Day Year DECEASED JOHN OF DEATH MELIA COLEIN (Type or print) 20 196 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Nev. 25, 1878 Months Days WIDOWED' DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Agriculdurz u.s.A. LINKNOWN 1- HAMEL pup carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion LINENOUN remove c Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Bel Air, Maryland 6055 Mrs. JEANL. Holfeldt No attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gove rise to immediate DUE TO 5- C cause (a), stating the under-30 lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Q+ 35 YES [T] NO N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 250 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) C Z 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. jr. While Nat while at work at work p. m. NS. 20_____, 19(e/_,that I last saw the deceased 21. I certify that I attended the deceased from. 19(0) to 4 and that death occurred at ADAM, fram the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR should FUNERAL I PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) St. Ignatius CEMETER Hartord Co. Marylan 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE W. Broadway + W. 11 Paras Sh Cihun S. Kraus VS A15 (4) BEI ME MAN 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



4344 director, iled with 1. PLACE OF DEATH a. COUNTY Harford erdi CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) P Pvlesville d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Route 1. Box66 Pylesville Md by puo NAME OF DECEASED Pa (Type or print) Pages Roland S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED # ā 10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 0 13. FATHER'S NAME 5 ğ 2 Thomas Collision physici remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO No 0 BOS 6 attend 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which Ē gned gove rise to immediate DUE TO cause (a), stating the underă lying cause lost. urial-transit has 20a ACCIDENT WAS UNDERLYING certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While p. m at work at work 21. I certify that (I) (this hospital) attended the deceased from Library sow the deceased alive on 22d SIGNATURE ray be retained FUNERAL DIRECTO ý0 ė, Board should 22c PHYSICIAN'S NAME (Type) 23a, BUR AL CREMATION, 23b DATE THEREOF page the St REMOVAL (Specify) Medowridge Memori Burial

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY MARYLAND Marvland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Pylesville d. STREET ADDRESS IS RESIDENCE ONA FARM? Box 66 Route 1. YEST NO Middle 4. DATE Year Month Day DEATH Collision 196] Apri. B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS last birthday Months Doys Hours DIVORCED T 67 yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A 14. MOTHER'S MAIDEN NAME Delia Rowland 17. INFORMANT Address Md James Bolt Route 1. Box 66. Pylesville INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO ZA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Clare 14 19 6% that (1) (we) lost 19. 47 and that death occurred at 11.177, from the couses and on the date stated above 22b DATE SIGNED ATTENDING MED DIRECTOR M.D. PHYS 22d ADDRESS

23d TOCATION (City, town, or county)

25g, REC'D BY REGISTRAR

25b REGISTRAR'S S GNATURE

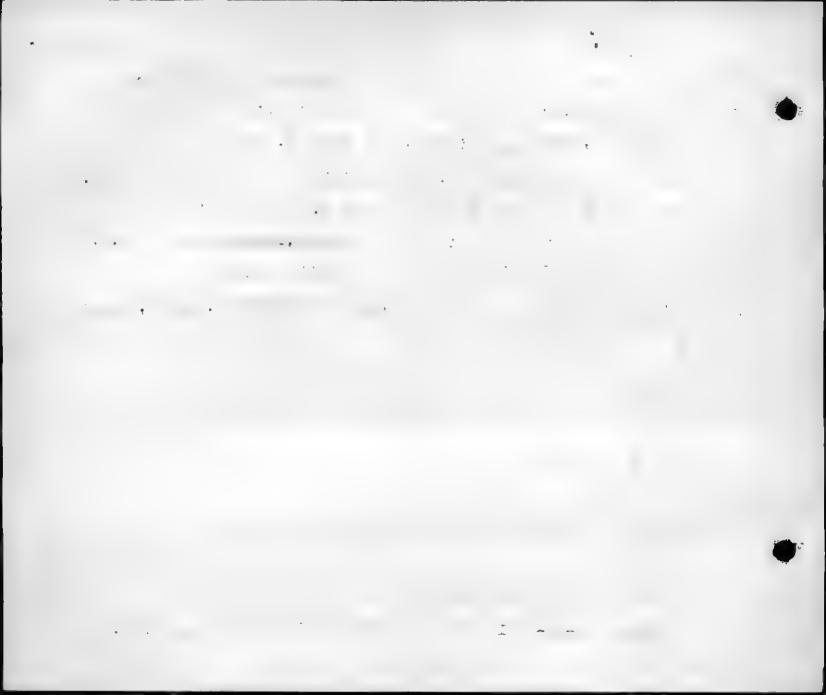
(Stote)

Cichwa & France

10 24 FUNERAL DIRECTOR'S SIGNATURE

Not while

VR A1S (4) 1SM 9/S9

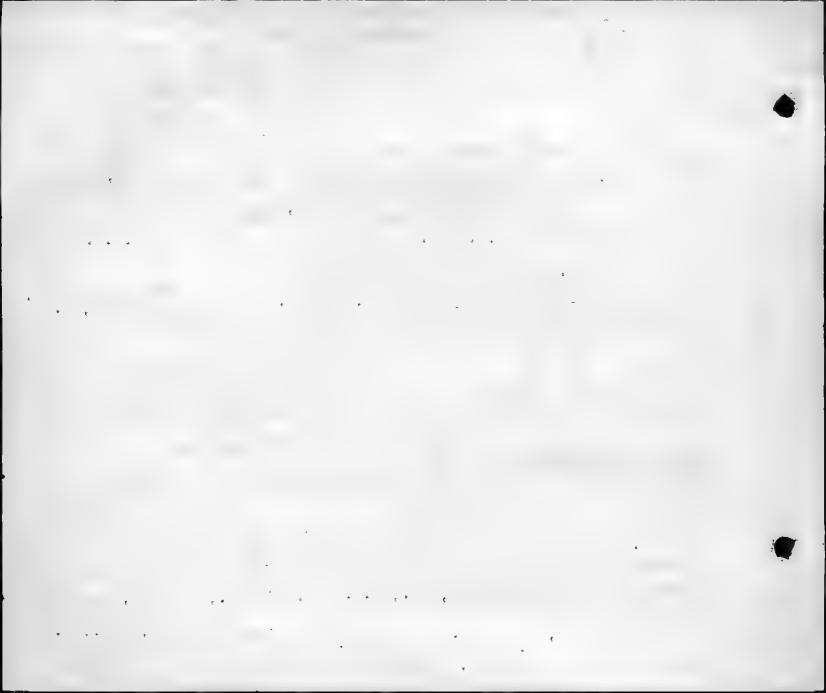


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTAL: After this certificate has been signed by the attending physician and completely filled in by the fared director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotion, or remayal, and in any event within 72 hours after death. th: Page 4 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

	4345	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 11/1930
	PLACE OF DEATH COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	ere deceased lived. If institution b. COUNTY	on. Residence before admission) Harford
	b CITY OR TOWN (If outside carporate limits, write RURA and give nearest lown) Bel All	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF M	utside corporate limits, write RL	
-	d. NAME OF HOSPITAL (If not in hospital, give street or institution Road		d. STREET ADDRESS	ring Road	e IS RESIDENCE ON A FARM?
	NAME OF First	Middle	tost opi	4. DATE Mont	
-		Stanley	Finney	DEATH Apr	
	SEX 6. COLOR OR RACE 7. MARI	RIED MEVER MARRIED DIVORCED	8. DATE OF BIRTH August 5.18	9 AGE (In years last birthdoy) 64 yrs.	Manths Days Hours Min.
Ωc	USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
-		S.Govt.	Maryland		U.S.A.
3.	FATHER'S NAME		14 MOTHER'S MAIDEN N		: ; ;
	David L. Finney		Emily Be	ennett	
5. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 10 or		rs.Alice K.	Finney	"RockSpringRd.
	18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).	,		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Honory M	hombon i		ONSET AND DEATH
	1 U' DUE TO	11/	4	1	
	Conditions, if any, which (b)	spured a	bdominal	aortie / peu	upm 1 year
	couse (a), stating the under- tying couse last.	Maio Sollie	sie C-V L	Vienes	2 years
2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIED	200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of ilem 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. II Hauf o. m. 19 While at wor	Not while for	ACE OF INJURY IHome, form, clary, street, affice bldg., etc.)	20f. (City or town)	[County] (State)
	21. I certify that I attended the deceas	ed from	19 36 10 Clb	2010 2 9 2061	,that I last saw the decease
	alive an april 29, 196		accurred at 1.50 f		nd on the date stated above
	ACTUAL SIGNATURE SULLA SIGNATURE	ussonf	mo Sol	de me	
_	PHYSICIAN'S Charles Richar	dson, Jr.	M.D. S.Na	in St/ Bel	Air, Maryland
2a	BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY :	22d. LOCATION (City, lawn, a	r county) (Slote)
	Burial May2 1961	Mt. Zion C		BelAir(Rural	L) Harf. Md.
1	FUNERAL DIRECTOR'S SIGNATURE WITE	adways & Wil	1 1870S 240. REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
10	much wi Fater BAT	ir. Varylan	A DATE MA	Y 2 '61 Q.	thur S. Kraus

Bel Air, Karyland

TO HOSPITAL OR VS A15 (4) 15M 10/57



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? BOX 408 YES NO NAME OF DECEASED OF (Type or print) DEATH 1961 S. SFX IF UNDER 1 YEAR IF UNDER 24 HRS. carbon AGE (In years 7. MARRIED NEVER MARRIED last birthdey) Pue hysician 10e. USUAL OCCUPAT ON IG.ve kind of work 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) CARPENTER 13. FATHER'S NAME WILSON 16 SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Rice, R.J. S. +1 Box 402, Bel Mrs. Helen E. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b , and (c) ONSET AND DEATH MMEDIATE CAUSE (e) **DUE TO** gave rise to immediate cause DUE TO (a), stating the underlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO -2De. ACCIDENT WAS UNDERLYING (2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of in ury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm | 2Df. (City or town) (County) (Stele) 20c. TIME OF INJURY Month, Day, Yeer Not While fectory, street, office bldg., etc.) While el work attended the deceased from ITICAL (this hospital) that death occurred at M. M. from the causes and on the date stated above 2b. DATE 22a. SIGNATUR ATTENDING SIGNED PHYS. PHYS. DIRECTOR HOSPITAL leath, Page 4 FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY, OR CREMATORY 0 VR A15 (4) 15M 9/60



DEUNERAL DIRECT MAtter this certificate has been signed by the attending physician and campletely filled in by the following page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 434

Prices		
\$ 3	CERTIFICATE OF	DEATH

04340 Reg. Dist. No.

	o COUNTY	1	2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	n Residence before admission)
	Harford	MARYLAND		rland b. COUNTY	Harford
,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write RU	RAL and give nearest town]
	Aberdeen (Rural		X Aber	deen (Rural	L
	d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
	R.D. #3, Box 250		R.D.	#3, Box 250	ON A FARM? YES INO IX
1	3. NAME OF First (Willie Mildle	Last	4. DATE Month	
	OECEASED (Type or print) WILLIAM	R.	HOWARD	DEATH Apri	77
	5 SEX 6. COLOR OR RACE 7. MARR	HED TY NEVER MARRIED	8. DATE OF SIRTH	10 ACE #1	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White wipowi	ED DIVORCED	Mar. 23, 18		Months Days Hours Min
	10o USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stote	or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Seaman (Ret.	Shipping Ind	. Maryl	Land	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Dyckes Howard		Magda	aline Bradsha	9.W
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	HORMANT	Addre	" Box 254.
	No	W	m. H. Howar	ed, R. #3, Al	berdeen, Md.
	18. CAUSE OF DEATH [Enter only one couse per list	ne for (a), [b], and (c)] ;	1 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(frebva	/ Maemo	rrusce	ONSET AND DEATH
	₹ ! X″ DUE TO	1	11	3	
	Conditions, if ony, which)	424642	Hunesh	eng fil	2 Weeks
	gove rise to immediate couse (a), stating the under-	-	1	2.11.114	7.00.13
	lying couse lost. (c)		11		
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
	PART IF OTHER SIGNIFICANT CONDITIONS C		·		PERFORMED? YES NO N
		CRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	Part I or Part II of item 18)	
			CE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)
	Hour o.m. 9 m, 19 at worl		tory, street, office bldg., etc.	1	
	21. I certify that, I attended the decease	od from	1 19 tq	H-4- 10/1	About Livery of the control of
	alive an # AG17 1 196	The state of the s	adams as surely and a females		that I lost saw the deceased, and an the date stated abave,
		and that death		≝JM, from the causes an ADDRESS (Street, city or town, st	
	ACTUAL P. IMV	MANA	_	Law Street	4-2-11
	SIGNATURE VILLE	A A A A A A A A A A A A A A A A A A A	и D. ,	Day Dolleen	
	PHYSICIAN'S PETER P. RO	DMAN, M.D.	Abe	erdeen, Md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or	county) (Stole)
	REMOVAL (Specify) 4/8/61	Spesutia C	emetery	Perryman,	Maryland
	23. FUNERAL DIPECTOR'S SIGNATURE TATE	ingooffuneral			RAR'S SIGNATURE
		berdeen. Md.		R 11 '61 O.T.	land & Hama

TO HOSPITAL OR ATTIMING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Ras dance before admission 1. PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 c, C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give affe IS RESIDENCE ON A FARM? DATE Month OF DEATH (Typa or print) AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED [DIVORCED 6, 1892 Jan. 69 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDJSTRY, 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even 'f retirad) phy 13. FATHER'S NAME please MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address R.D. 1. Box 178 INFORMANT (Yes, no, or unkown) (If yes giva war or datas of sarvice Mrs. Albert Jersey Sr. Aberdeen, Md. 5-34-0096, No 18. CAUSE OF DEATH [Enter only one cause per ling for (e,, tb., and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gava rise to immadiata causa DUE TO me cinnal (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1167-19. WAS AUTOPSY PERFORMED? NO F prior 20a. ACC DENT WAS UNDERLYING [] , 20b DESCRIBE HOW NIURY OCCURED. (Entar nature of njury in Part II of I'em 18.) OR CONTRIBUTING CAUSE OF DEATH for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) [County] factory, straat, offica bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from 19 ... and that death occuped a ... M. from the bauses and on the date stated above. saw the deceased alive on 226. DATE ATTENDING. SIGNED DIRECTOR PHYS. PHYS. death. Page 4 M.D. PHYSICIAN'S 22d ADDRESS TO FUNE director, p 23a BURIAL, CREMATION 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Spacify) Abingdon. Buria! St Francis Cemetery Maryland 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR'S SIGNATURE Tarring ADP Wineral Home VR A15 (4) DATE APR 1 2 '61 15M 9/60 arihur S. Kines Aberdeen. Md. John Tarr ing



a. IS RESIDENCE ON A FARM? YES NO 19 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stata) 19.61 to HERIL 10 ... 19, that (I) (we) last .19.6.1., and that death occured at 7.6.M, from the causes and on the date stated above 22b. DATE / SIGNED (Stata) Cirilar S. Kraus

VR A15 (4) 15M 9/60



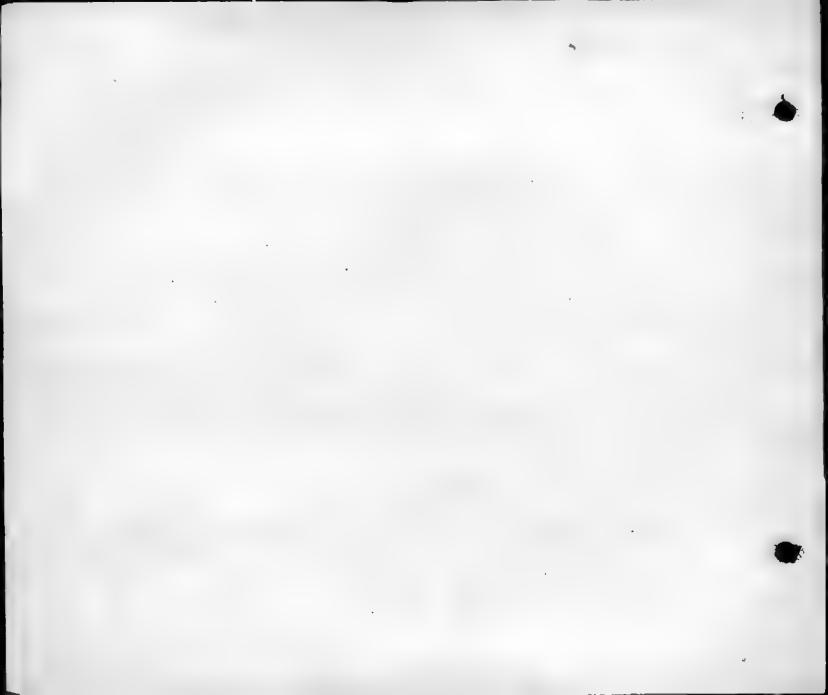
W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions, Residence before admiss on PLACE OF DEATH a. COUNTY b. COUNTY c. CITY OR TOWN If outside corporate | mils, write RURAL and give nearest town) IS RESIDENCE YES NO DECEASED OF DEATH (Typs or print) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last bigthday Months WIDOWED 💢 DIVORCED physician 12, CITIZEN OF WHAT-COUNTRY? during most of working lifa, even if ratirad) 14. MOTHER'S MAIDEN NAME (Yaş, no, or unkown) : (Ifyasgivewarordatasofservica) 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c) ONSET AND DEATH 5 mis IMMEDIATE CAUSE IN DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING _____ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING ___ CAUSE OF DEATH |
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY (County) Month, Day, Yaar factory, streat, office bldg., atc.) Whila Not While at work 21. I certify that (I) (this hospital) attended the agreesed from..... M. W. saw the deceased alive ATTENDING TO SIGNED DIRECTOR PHY5 HOSPITAL eath. Page 4 FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) lunkett Bel Air Ave. Aberdeen. Md. 230 BURIAL, CREMATION, 0 mary/an VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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OR	DIRE	q P	ord o
ITAL	may be retained haspital as attending physician. • FUNERAL DIRECTOR: After this certificate has been significant.	page 3 should be detached for use as the Eurial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.
OSP	y be	Je 3	Stat
TO HOSPITAL OR A SINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Toth. Poge 4	may be refained haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the "uneral director,"	Dag	the
1/0	A15		

	CERTIFIC	CAIE OF DEATH		09663
1.	PLACE OF DEATH COUNTY MARYLA	a STATE	here deceased lived. If institution Residue.	dence before admission)
	s. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN RURAL and give nearest tawn)	i x	outside carporate limits, write RURAL or Cardiff	nd give nearest town
	d. NAME OF HOSPITAL (If not in facility), give street address) OR INSTITUTION her home	d. STREET ADDRESS		o is residence on a farm? Yes \(\) NO \(\)
1	NAME OF DECEASED Type or print) A MY Pol S Middle	Lacken	4. DATE Manth OF DEATH	Day Year 1961
5.	Exale Anite WIDOWED DIVORCED	11/1/1/1/11	9. AGE (In years IF UNIT last birthday) Month	DER 1 YEAR IF UNDER 24 HR: Days Haurs Min
1	. USJA. OCCUPATION (Give kind of work done during most of working life, even if retired)	meffar	Lord Co-Mig.	CITIZEN OF WHAT COUNTRY
13.	FATHERSNAME RUSS	17 MOTHER'S MAIDENIN	ry E Ha	mer
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mr au	gust dac	being
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ardiac f	econ for	ONSET AND DEATH
	Canditions, if any, which) (b) Ty/2ev	Tensive C	-V Digitas:	8
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)			
CATION	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN S	PART I(a) 19 WAS AUTOPS' PERFORMED? YES NO 2
CERT F	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in	Part t ar Part II of item 18)	
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2 Haur a m. p. m. 19 at wark at wark	Oe PLACE OF INJURY (Hame, farm factory, street, affice bldg, etc.		(Caunty) (State
	21 I certify that (1) (this haspital) attended the deceased for saw the deceased alive on 1941 10 1961, and t	181	M, from the couses and an	9.6.2. that (I) (we) last the date stated above
	20 S GNATURE G - Hunt	M.D PHYS DI	ED STAFF A	4/11/6/ 226 DATE SIGNE
	22cr 8HYSICHAN'S NAME (Type) 4GS13L/HHUNT MJ	22d ADDRESS	Dolte 12	3
23	BURIAL (Specify) 236 DATE THEREOF 236 NAME OF CEMET	ELY CREMATORY	23d. LOCATION (City, town, or coun	d Co, My



ESTON STREET, BALTIMORE 1, MARY AND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution; Residence before edmission) e. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate I mits LENGTH OF STAY IN 16 YES NO ST DECEASED (Type or print) 9. AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. NEVER MARRIED last birthday) and Months June DIVORCED 12. CITIZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR INDUSTRY physici Home 13. FATHER'S aftending WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1 & PERFORMED 20e. ACCIDENT WAS UNDERLYING ____ 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING ___ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY 20f. (City or town) factory, street, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. M. from the causes and on the date stated above saw the deceased alive opand that death occured at. 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. death. Page 4
TO FUNERAL 22c. PHYSICIAN'S NAME (Type) Andre Weiss. M.D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 1236 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Riverside Cemetery Ramoval 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE Tarring APUneral Home VR A15 (4) '61 arthur S. Trace 15M 9/60 Aberdeen, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



may be retained hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

th. Poge 4

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

VR A15 (4) 15M 9/59

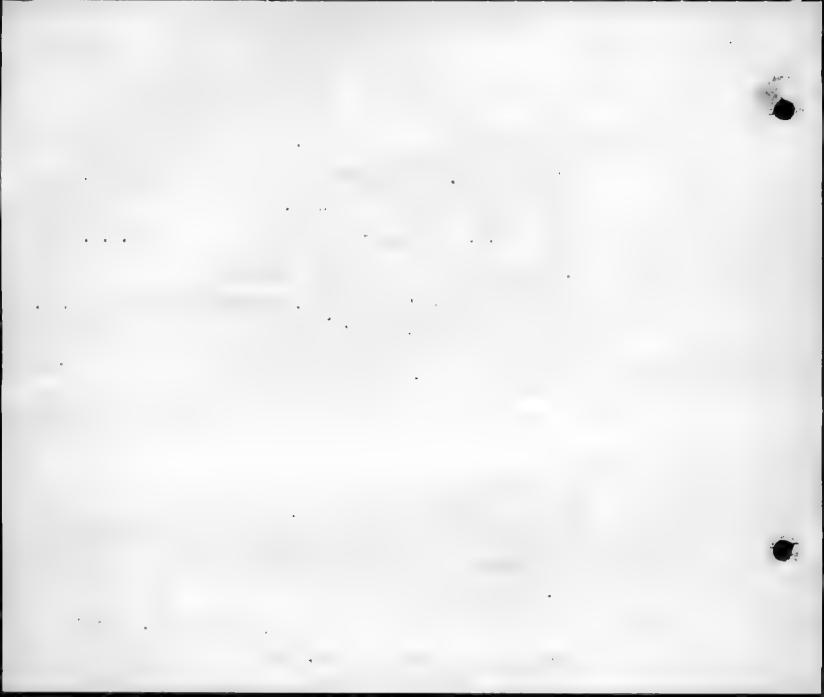
230. BLEVAL TREMATION, REMOVAL (Specify) Buriel	4-9-1961		Wes
24 FUNERAL DIRECTOR'S S	IGNATURE (A)	P	ADDRESS

1. PLACE OF DEATH			2. USUAL RESIDENCE	E (Where deceased lived.		nce before admis	sign)
H	arford	MARYLAND	Mary.		COUNTY Ce	cil v	_
b. CITY OR TOWN (If autside carporote limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If autside carporate lim	its, write RURAL and	give nearest taw	n)
Havre De	Grace	1 Day	Port	Deposit		5	72-
	FAL (If not in hospital, give street	oddress)	d. STREET ADDRE				SIDENCE A FARM?
Heriore	Memorial Hes	pital	119 N.	Main Stre	et) NO [
3 NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeor
(Type or print)	Wilson	W.	McDougal	DEATH	April	6,	1961
5. SEX	6. COLOR OR RACE 7. MARE	HED A NEVER MARRIED	8 DATE OF BIRTH	Insh		R I YEAR IF UND	· C
Male	White willow	DIVORCED	April 7	, 1898	bisthday) Months yrs.	Days Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work done 10b.		,	State or foreign country)		TIZEN OF WHAT	COUNTRY
Painte		S. Governme	nt Mary.	land	U.	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME			
Charle	R. McDoug		Sarah	Stewart			
15. WAS DECEASED EVE	(If yes, give war or dates of service)		INFORMANT		Address		
No	2	13-12-4726	Amelia C.	McDougal,	Pert De	posit,	Md.
	ATH [Enter only one couse per li	ne for (a), (b), and (c)]	17	1		ONSET AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	CUTE STE	out Ta	Welre		134	ine
14116	DUE TO	0 %		N/ (/)		-3	A 0
Conditions, if o		Vor Houn	rosina do	XX Tue	44	120	yay
gave rise to i		2 - 0 0	111	291	1111	164	100
lying cause lost.	(c) 7	MUE ED	Larles	1-e fl	Max	1-10	COVOR
PART II. OT PART II. OT OT OT OT OT OT OT OT OT OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	TERMINAL DISEASE CONI	D TION GIVEN IN PA	RT 1(a) 19, WAS PERF	ORMED?
3			V			YES [] но 🏻
OR CONTRIBUTING	CAUSE OF DEATH	CRIBE HOW INJURY OCCURE	RED. (Enter nature of injur	ry in Part I ar Part II af i	tem 18 }		
(IF EITHER, NOTIFY	MEDICAL EXAMINER)						
	RY Month, Day, Year 20d li While		PLACE OF INJURY (Hame actory, street, affice bldg	, form, 20f. (City or tow , etc.) !	rn)	(Caunty)	(State
Haur a m.	19 at war		- A	1	. 1	1	
21 I certify the	at (I) (this thos pital) <u>A</u> ttend	ted the deceased from	March 31	, 196 , to 19	rel 5 191	6.1 that (I)	(well lo
saw the deceo	/(. //)			5AM, from the c	ouses and on th	ie dote state	d above
220 SIGNATURE	0//		ATTEMPING 1	4 1150 571	P.F.	1 2	DATE
	Cenel HAS	noon	M.D. PHYS.	DIRECTOR PHY	rs 🗆	april	10-
22c PHYSICIAN'S NAME_(Type)	T D		22d. ADDRESS	17-2		no 1	
Clar	ence I. Benso	10.	PORT	OLE POS	171	11CC.	
230. BURNAL CREMATION	ON, 236 DATE THEREOF	23c NAME OF CEMETERY			City, tawn, or county)	D . 3	ote)
Burial	\$-3-TA0T	West Not	tingham C	en. Celer	a, Md.	Rural	
24 FUNERAL DIRECTOR	IS SIGNATURE 0	ADDRESS	25g	. REC'D BY REGISTRAR	25b REGISTRAR'S S	IGNATURE	

25a. REC'D 8Y REGISTRAR

Cirthur S. Thomas

Perryville, Md DATE APR 1 0 '61



TISTICAL RESEARCH AND RECORDS. ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution; Rasidence before edmission) a. COUNTY P N MARYLAND c. CITY OR TOWN (f butside corporete I mits, write RURAL and give neerest town) b. CITY OR TOWN (f outs de corporete limits, c LENGTH OF STAY IN 16 hours after Ed EWOODd Pages ad. NAME OF HOSPITAL OR INSTITUTION (f not an hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF DECEASED (Type or print) DEATH JE UNDER 24 HRS. 19. AGE IN YEAR I IF UNDER I YEAR I last birthday) Months 1889 10e. USUAL OCCUPATION (G ve kind of work physician remove TOB, KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (County & Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home 13. FATHER'S NAME attending pt Then please i Caleb Winebarger Elizabeth Miller 15. WAS DECEASED EYER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Box 466 [Yes, no, or unkown] [(If yes give wer or deles of service) J. Glenn Miller, Snow Rd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave risa lo Immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 208. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of stem 1B.) OF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer While _Not While ___ fectory, street, office bldg., etc.) et work et work 19 , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. / P.C. M, from the causes and on the date stated above. saw the deceased alive on , and that death occured at 22b. DATE 22e SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. PHYS. death. Page 4 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City, lown or county) (State) 238. BURIAL, CREMATION, 1 236 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.5% Hopewell Methodist Cem. R.D. 2, Boone, N.C. 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Tarring Fufferal Home VR A15 (4) arthur S. Kraus 15M 9/60 Aberdeen. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admiss on a. COUNTY 1 MARYLAND byCITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outs de corporale limits, write RURAL and give nearest town) Pages ON A FARM? NAME OF DECEASED OF DEATH (Typa or print) COLON OR RACE 17 MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER I YEAR last birthday) and Months Days WIDOWED 🛣 physician remove USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? post of working I fa, evan f ratired) MOTHER'S MAIDEN NAME please attending 16 SOCIAL SECURITY NO. 17. INFO tes, no, or unknwn). (If yes give wer or datas of sary ce) ITCHELL 18. CAUSE OF DEATH [Enter only one cause per lyme for (a), (b , and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immadiate cause DUE TO (a), stating the underlying PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED. (Enter hature of injury in Part I or Pert II of tam 18.) 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20c. TIME OF INJURY 20f. (City or town) Month, Day, Yaar factory, streat, office bldg., etc.) Not While at work at work .., that (1) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from... , to... (e.l., and that death occured at ! A.M. from the causes and on the date stated above. saw the deceased alive of DATE 22a. SIGNATURE MED. SIGNED ATTENDING DIRECTOR PHYS. PHYS. director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 25a, REC'D BY VR A15 (4) William S. Kraus 15M 9/IIO DATE



7				MARY	.AND	STATE DEPART	WEN	AT OF H	EALTH	I—BALTII	MORE, 1	8		
•	11			4356		CERTIFI	CAT	E OF D	EATH	1		Reg. Dist.	No[] A	349
h' Page 4 Il director, filed with			PLACE OF DEATH D. COUNTY Harford			MARYLAN	ID	o. STATE	aryla	***	b. COUNTY	Har:	ford	
dealf	IVI		Bel Air;	outside corporate limi Maryland F	R.D.	5 days	1		ngdon	utside corporate	limits, write R	JRAL and give	e nearest for	vn]
by the	0 -		HETTOTA	AL (If not in hospitel, gonvalescent	HOM	oddress) IC		d. STREET A	DDRESS				e, IS RI ON YES [A FARM?
in 24 har filled in ges 1 an	- 6	3.	NAME OF DECEASED (Type or print)	Chri	stin	Middle -	N	oul sda	le	4. DATE OF DEATH	Mon Apr		00y 24	Yeor 19 61
with etely		5.	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED [ED 17 DIVORCED	_	pate of BIRTH	- 00		AGE (In years lost bythday) 70 yrs.	IF UNDER 1 Y	YEAR IF UNI	
executed value of completers.	dedin.	100	. USUAL OCCUPATION during most of work HOUSEWI	ON (Give kind of work oking life, even if retired) 10	lone 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPL	CE (Stote aryla	or foreign count	7)		OF WHA	T COUNTRY
e be an ar carbo after		13.	FATHER'S NAME				1	4. MOTHER'S						
				chillman					у Муе	rs				
physici emove			WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of a				RMANT	mad D	lourd a	Abda a Add	lon, Ma	מים לשיר	Ą
attending ottending	2	-	No.			None	MIL	s. Mild	Tea D	CATS	VOTURO	OM, MA		
ded the place	Ē			TH WAS CAUSED BY	0	ne for (o), (b), and (c).		0.06		4			INTERVAL I	D DEATH
that the by the a it. Then			1 2	IMMEDIATE CAUSE (o	<u> </u>	avenue a			-21	<u>r</u>			10	ay
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5 B.E	B		Conditions, if a gove rise to i	mmediate (Dur to										
sign sign	<u> </u>		Lying couse lost.	the <u>under-</u> DUE TO										
icia een rans	5	١z				CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY
phys phys as b ial-tr	,	TATION	Ho	ming	es	ia,							PERF	ORMED?
IAN: Thending Ficate here	P 70	CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OCCU	RRED. (I	Enter nature of	injury in F	Port I or Port III	of item 18.)			
PHYSIC al ar att this certi		MEDICAL	20c. TIME OF INJUR Hour a, jr. p. m.	Y Manth, Day, Yea	While of wor	Not while	PLACE foctory	OF INJURY (H	iome, farm bldg., etc.	20f. (City or	town)	(Cou	inty)	(Slote)
NG Spirit	ნ <u>-</u> "	П	21. I certify th	at J attended the	deceas	ed from 7 - 3	22-	196	, to 4	-24	19.61	,that I las	it saw the	deceased
Che A P	on .	П	alive on	4-23	_, 12_	and that de	ath oc	curred at,	1240	_M, from the	ne causes a	nd an the	date sta	ted abave
A Property of the control of the con			ACTUAL SIGNATURE	orall E	P	almen	M.D			ADDRESS (Street	city or town,	stote)	4	DATE SIGNED
O HOSPITAL C may be retaine O FUNERAL DI page 3 should			PHYSICIAN'S 6	-erold	C	BIME	2-	MD		`				
10 kg	ČII U	220	BURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE THEREC	_	22c. NAME OF CEMETER					(City, town, c	or county)		ote)
TO HO TO TUR Poge	Ē	22	Burial FUNERAL DIRECTOR	Apr. 26.	196	ADDRESS	Men	orial		Abingd			aryl	DAB
VS A15 (4)		23.		McComas &	Son	Abingdon,	Mary	land		D BY REGISTRA	24b REGIS	STRAR'S SIGN	ATURE	
15M 9/55		F	VIII	11/1/1/1/2		*17			DATE AD	R 2 7 '61		1-1-X-1		
			TO VI WY	IN Mecar	Many									



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, if Institution: Residence before edmission e. COUNTY e. STATE b. COUNTY Harford Harford MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) 25mins Aberdeen Aberdeen Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? U. S. Army Hospital 60 Swan Street YES NO TO 3. NAME OF 4 DATE (Type or print) DEATH 1961 ANN April MARTE NTCOLETTE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) DIYORCED April 30. Female 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR NDUSTRY (11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Then please MICHAEL NORMA J. GARCIA NUCOLETTE A, 15. WAS DECEASED EVER NU.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Michael A. Nicolette (Father) the 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH signed by PART I, DEATH WAS CAUSED BY: Severe Prematurity IMMEDIATE CAUSE (+) burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying the his PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ¥ 0 certifica NO X 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert a or Pert I of item 18.) After Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stefa) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Hour e.m. et work et work CIOR 21. I certify that (I) the country attended the deceased from April 30 161, to April 30 1961, that (I) (XX) last saw the deceased alive on...April...30,1961..., and that death occurred a0.955amfrom the causes and on the date stated above. DIREC 22b. DATE 220 SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. April 30 O HOSPITAL death. Page 4 O FUNERAL rector, page 22d. ADDRESS US ARMY HOSPITAL 22c. PHYSIC AN'S NAME (Type) MARK EISENSTEIN Captain MC Aberdeen Proving Ground, Maryland 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) BURIAL, CREMATION, 1 236. DATE THEREOF REMOVAL (Specify ÷ B () 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S VR A15 (4) alverdoom 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 7.353 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission O. COUNTY **b.** COUNTY Ď MARYLAND ECRENGTH OF STAY IN 16 b. CITY OPTOWN (If outside corporate/limits, write c. CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS NAME OF 4. DATE Middle Last DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Days WIDOWED [DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTH PLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1011 Ť 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if ony, which gave rise to immediate DHE TO cause (a), stating the underlying cause last. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRICE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES I NO IX 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d, INJURY OCCURRED 20f (City or town) Day, Year (County) (State) factory, street, office bldg, etc.) Haur a.m. While Not while at work at wark 21. I certify that I attended the deceased from ..that I last saw the deceased and that death accurred at 120PM, from the causes and an the date stated above alive an MATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] 220 BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (City, Jown, or pounty) 22c MAME OF CEMETERY OR CREMATORY

e. IS RESIDENCE ON A FARM? YES NO Z

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

24b REGISTRAR'S SIGNATURE

0 72m 8 th us

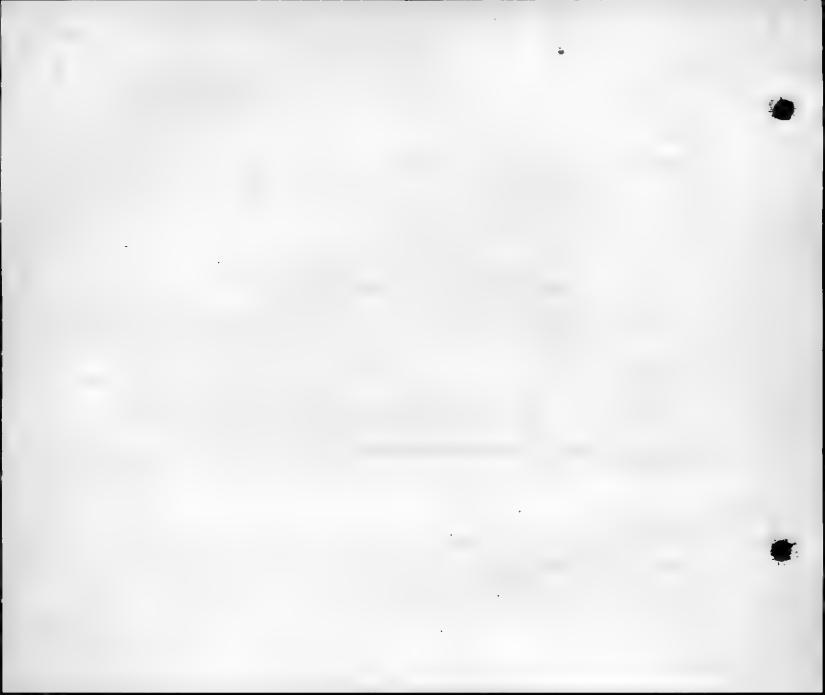
24a, REC'D BY REGISTRAR

8an

pino 3 sh pode

VS A15 (4) 15M 10/57 REMOVAL (Specify)

23. GUNERAL DIRECTOR'S SIGNATURE



Service Towson 4.

24b. REGISTRAR'S SIGNATURE

DATE

V5 A15 (4) 15M 10/57

Brooks Funeral

law requires that the death certificate be executed within 24 haurs after



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

04353

Rea. Dist. No.

		Reg. Dist. No.
	1. PLACE OF DEATH O COUNTY - Hursons Martland	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 6. COUNTY Factory
	b. CITYOR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Ham all Hall Grand	c. CITY OR TOWN (If outside corporate/limits, write RURAL and give nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES NO E
	3 NAME OF DECEASED (Type or print) John H. Middle Hes	Lost 4. DATE /Manily Day Year OF DEATH 4/8/6/ 19
)	5. SEX COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors If UNDER 1 YEAR IF UNDER 24 HRS Isst. birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Challen Carpent	Ex Harford Furnace, Md U.S. A.
	Dames 14 Creston	Jane Cullum
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (fes. no. or unkgown) (III yes, give war or dates of service) Unknown L	ida P. Preston 31 podgen. Stokes N.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Failure-Carcinomatais i kunth
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I ar Part II of item 18)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PL While Not while at work of work	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
	21. I certify that I attended the deceased from June alive on Company S	accurred at
	SIGNATURE MIK Walker WIT	MD. 200 NORTHUNION AUG 4/10/61
	PHYSICIAN'S NAME (Typo) - RANK WOLBERT IN	1) HAVREDE GRACE MARYUM
	220 BURIAL CREMATION, 22b. DATE THEREOF 22c MATTE OF CEMETERY O	REPRATORY 22d LOCATION (City town, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
· U	11-11-11-11-11-11-11-11-11-11-11-11-11-	DATE PR 13'61 Clarker & House



NO

(Stete)

SIGNED

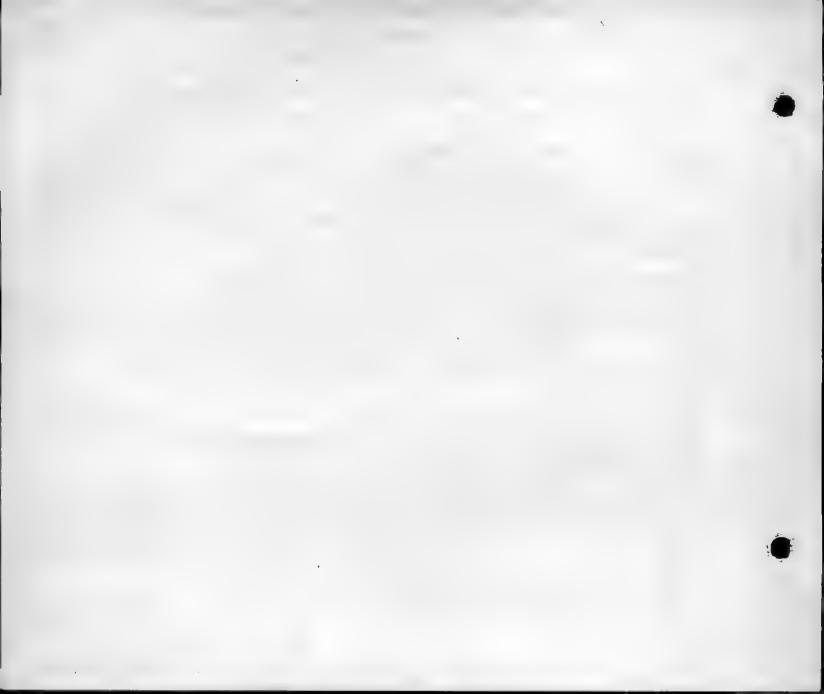
filled physician 0 VR A15 (4) 15M 9/60

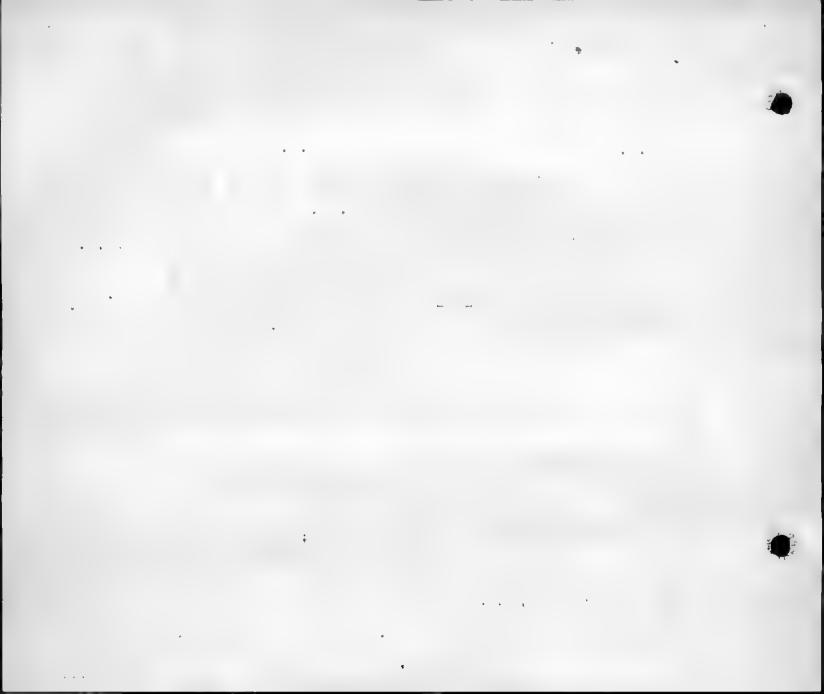


PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dankased fived, If institution: Residence before adm ssion) a. COUNTY **b.** COUNTY MARYLAND limits, write RURAL and give nearest : b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 15 c. CITY OR write RURAL and give neares flown) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strapt address) d STREET ADDRESS ON A FARM? YES X NO 3. NAME OF Day DECEASED OF DEATH CL (Type or print) AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. Birthday) and DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10a USUA, OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working fife, even if retired) ammine 13. FATHER'S NAME 14. MOTHER'S MAIDEN please ding affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unkown), (If yes give war or datas of sarvica) 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART , DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gava rise to immediate cause DUE TO (a), stating the underlying PART I. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY CERTIFICATION PERFORMED? 2Da ACCIDENT WAS UNDERLY NG 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m., and that death occured at A.M., from the causes and on the date stated above. saw the deceased alive on. ATTENDING 22a. SIGNATURE MED. PHYS. DIRECTOR O HOSPITAL death. Page 4 rector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. CEMETERY OR CREMATORY REMOVAL (Specify) £ # H 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR APR 2 5 61 25b. REGISTRAR'S SIGNATURE YR A15 (4) arthur S. Thrace 15M 9/60

LARYLAND STATE DEPARTMENT OF REALTH

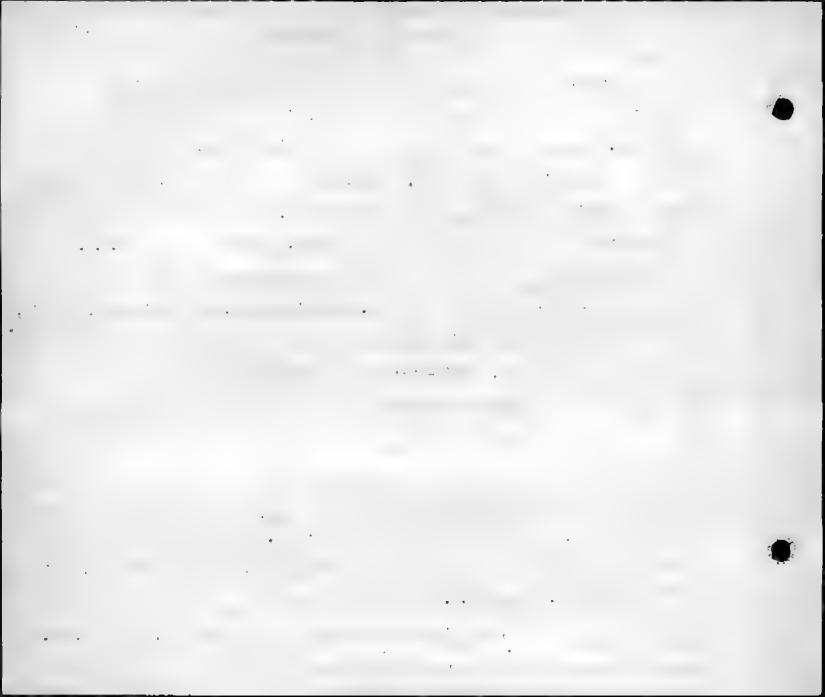






0365 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYLAND Harford Maryland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 16 Months d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 116 Williams Street Bynum Cony Home YES NO NAME OF First Middle DATE Month Day Year DECEASED (Type or print) Synormay DEATH Edith April 17. 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours FEMale DIVORCED | WIDOWEDY 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) London, England House wife Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Š Robert Trower Martha Hammall haurs S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Marjorie Souter, 116 Williams St., Bel Air, None LO CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN MA. MART I. DEATH WAS CAUSED BY: Hypostatic Pneumonia 3 days DUE TO Conditions, if any, which] Cardio-vascular disease (decompensated) 22 gave rise to immediate **DUE TO** Œ couse (o), stoting the under-40 lying couse lost. @ Arteriosclerosis \square — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 CERTIFICATION WAS AUTOPSY PERFORMED? 0 None YES T NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) • MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. n. Not while z of work of work 21. I certify that I attended the deceased from Jane 6. ≪ 0= and that death accurred at 1110 P.M. from the causes and an the date stated above. alive on April ADDRESS (Street, city or town, state) ACTUAL 0 SIGNATURE لدا ه 0 pluous LL >= co PHYSICIAN'S NAME (Type) Willard P. Hudson, M.D. ന 220. BURIAL CREMATION, 226. DATE THEREOF 96 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria Air Memorial Garden Rock Spring Rd. 0 **FUNERAL DIRECTOR'S SIGNATURE** W. Broadway & Williams 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 1 9 '61 Maryland Circuit S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



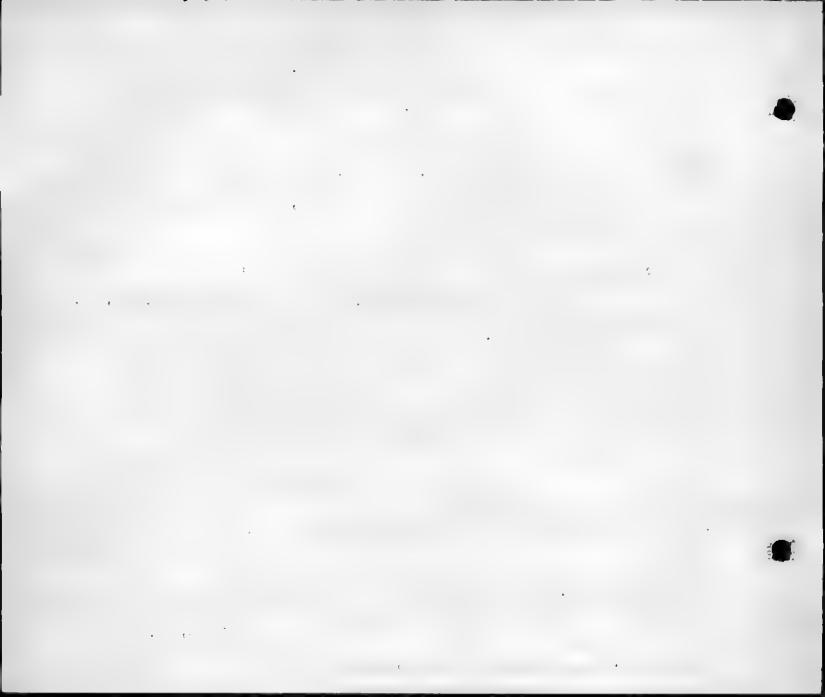
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (1435)

	4366			CERTI	FICA	ATE OF E	EATH	1			Reg. Di	ist. No.	()43	359
a. COUNTHS				MARY	LAND	2. USUAL RESII o. STATE	Md .	ere deceose	d lived. I	If institution	n: Resider	ford	re odmiss	ion)
b. CITY OR TO RURAL ond Edgew	OWN (If outside give nearest low	corporate limi	ls, write	c. LENGTH OF STAY		c. CITY OR 1	OWN (II-o	utside corp	orote limit	s, write R	URAL and	give nec	arest lowr	1)
d. NAME OF I	HOSPITAL (If no ITION	in haspitat, ç	jiva street i	address)		STREET A	DDRESS	J					ON A	FARM?
3. NAME OF DECEASED (Type or print)		Oth	Ø	Middle E .		Show las	1	4. DATE OF DEATH	1	Apri	'n	7	y	19 61
5. SEX Male	W	hite	WIDOWS		0	B. DATE OF BIRTH	15, 1		losty	(In years Gibday) yrs.	Months .	Days	Hours	Min.
Retired	Restau	kind of work even if retired IPALEUT	done 10b.	Restaurant			ACE (Stote		country)		12. CI	TIZEN C	F WHAT	COUNTRY
	b Show					14. MOTHER'S Eva	MAIDEN N		arge	r				
15. WAS DECEAS (Yes. no. or unknown)		. ARMED FOR	andres I	SOCIAL SECURITY NO 218-32-2677		re. Ruth	Pry	Show	(wif	e) Eć		od,	Md.	
	DEATH (Ent.			ne for (a), (b), and (c).	•	throat	s lan	اومورسا				0 N	RVAL BE	TWEEN DEATH
gave rise	t, if any, which	b (5) 5 TO)	wil	hn	nelesta	hes t	lu	100					
lying couse		(c)	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDI	TION GIV	EN IN PAS	RT 1(o) 1	9. WAS	AUTOPSY PRMED?
VOLVE OR CONTRIB	NT WAS UNDER	RLYING	20b. DESC	CRIBE HOW INJURY O	CCURRED). (Enter nature o	Finjury in P	ort I or Po	rt II of ite	m 18.)				NOVI
20c. TIME OF	INJURY Medical	EXAMINER)	While	NJURY OCCURRED Not while t of work	20e. PLA foc	ACE OF INJURY (I	lome, form, bldg., etc.	20f. (Cit	y or town))	(County)		(Slote)
21. I certi alive on_ ACTUAL SIGNATURE	fy that I at	tended the	decease 12.5	ed from Jan , and that	death	occurred at	12 200		m the c	auses a	nd on t		te state	
PHYSICIAN'S NAME (Type	Fred	0. Ho	ious		^	v.v				5.517				/\$2/
220. BURIAL, CRE	MATION, 22b.	DATE THEREC)F	Rest Have	n Ce	crematory metery		22d. LOCA	TION (CII			-	(Stot	e)
23 FUNERAL DIR	ECTOR'S SIGNA	1/100	Son		n. M	aryland		BY REGIS	TRAR 2	4b, REGIS	TRAR'S SI		RE	



OF STATISTICAL RESEARCH AND RECORDS. 30 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edm e. COLNTY MARYLAND c. CITY OR TOWN (I outside corporete limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporete l'mits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? NAME OF ALVIN YES NO 4. DATE Month (Type or print) DEATH 19 IF UNDER 24 HRS. IF UNDER 1 YEAR NEVER MARRIED birihdey) Months Dec. 24, 1885 WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE physicia Retired gov.employeeMARY Boiler Fireman 13. FATHER'S NAME please a attenain∎ p DENNETT OVal, 213-16-4447 Mrs. Margaret White 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (e), steting the underlying PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16, 19. WAS AUTOPSY PERFORMED? NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bidg., etc.) While __ Not While et work el work 4-9 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 3.... saw the deceased alive on 220. SIGNATURE PHY5. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S D. HIRSCH 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. 236. DATE THEREOF 23d. LOCATION (City, town or county) (State) Churchville Presbyterian ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SHENATI VIII A15 (4) Cerliner S. Flores Abingdon, Md. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

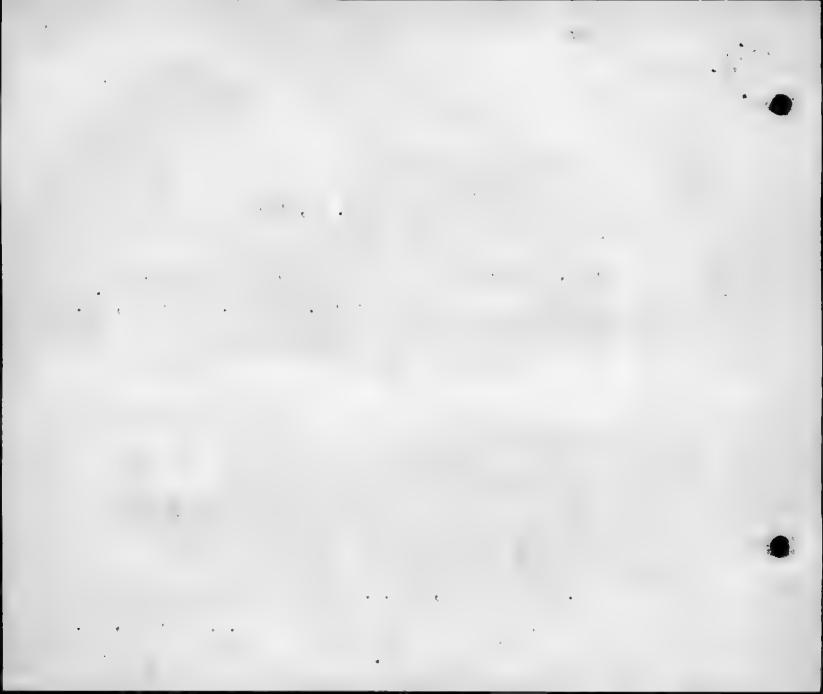
STREET, BALTIMORE 1, MARYLAND

. 0 4 T VI D LL Its Bursty as 1 to 6th . .

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence a. COUNTY MARYLAND LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporete limits, write RURA), and give neerest town) write RURAL end give neerest town) F GRACE . IS RESIDENCE ON A FARM? YES NO Gilbert Road 4. DATE 3. NAME OF Month DECEASED DEATH 19 (Typa or print) IF UNDER 24 HRS. AGE (In years IF UNDER I YEAR last birthday) WIDOWED DIVORCED Restaurant Waiter (retired) USA Marvland phy 14. MOTHER'S MAIDEN NAME Syckl affending (15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17 INFORMAN (Yes, no, or unkown) (Ifyasgivewarordatesofservice) Annie Ringgold Box INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) DUF TO Conditions, if any, which geva risa lo immadiata causa **DUE TO** (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TODEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1.0) 19. WAS ALTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INLURY OCCURED. (Enter netura of injury in Part I or Part II of .tam 18.) 20d. NJURY OCCURRED 20a PLACE OF NJURY Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg,, atc.) While Not Whila Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from Nevern ber..., 19 65 to April 13, 1961, that (I) (we) last .13. 19.61, and that death occurred at 3.7M, from the causes and on the date stated above ATTENDING DIRECTOR director, page be filed with the death. Page 4 O FUNERAL 22d, ADDRESS 22c. PHYS CIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, REMOVAL_(Specify) 0 Burial Cemetery 25e. REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE ADDRESS. VR A15 (4) Home, Aberdeen DATE APR 1 7 '61 Urilmy S. France



LRYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH L PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before adm ssign MARYLAND CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate I milts will RURAL and give nearest town) & LENGTH OF STAY IN 16 write RURAL and give naareshtown) filled in Pages 1 hours after OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ON A FARM? YES TO NO completely 3. NAME OF Middle DECEASED (Typa or print) DEATH 5. SEX IF UNDER 24 HRS. 19. AGE IIn years | IF UNDER 1 YEAR | 7. MARR ED THE NEVER MARRIED and Jast birthday) WIDOWED [D VORCED physician remove JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR or foraign country dona during most of working I fe, aven if ratired) ENGINEER 13. FATHER'S NAME please .Ε affending Then SUCIAL SECURITY NO. 17. INFORMAN (Yas, no, or unkown) , (Ifyas give war or dalas of servica) 18. CAUSE OF DEATH (Entar only one cause per ina for (a), (b), and (c) INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO certificate has been gave risa to immadiata cause DUE TO (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital 19. WAS AUTOPSY PERFORMED? as to NO CERTIFIC OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Yaar factory, streat, office bldg., atc.) Whila Not While Hour a.m. at work at work 25, 196. (, that (1) (xe) last 21. I certify that (I) (this hospital) attended the deceased from. Jo/ saw the deceased alive on..... OM, from the causes and on the date stated above. 22b. DATE 22a SIGNATURE SIGNED MED STAFF ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 director, page 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23d. LOCATION (City, town or equity) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) 25a. REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Criting J. Thomas 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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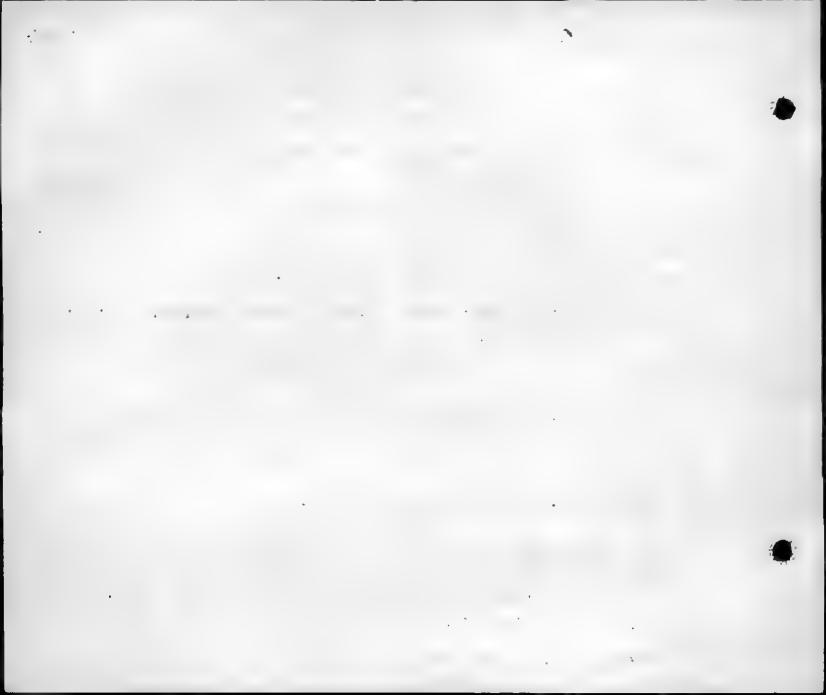
40SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer d-ath. Page 4 by be retained.

WERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the writing 3 shauld be detached for use as the buriol-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with state Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours offer death.

12

10 H	TO F	904
VR	A15	(4)
15.	M 9/	59

	4371		CERTIFICA	\TE	OF DEATH		MARIEA ID			043	64	
1. PLACE C	of DEATH NTY arford		MARYLAND	2	USUAL RESIDENCE (Who state Maryland	are decease	d lived If institution b. COUNTY Harfo		nce befo	re admissi	91	
b. CITY RURA	OR TOWN (If outside corporate L and give neorest town) Aberdeen	limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen								
d. NAM OR IN	E OF HOSPITAL (If not in hospital NSTITUTION Army Hospital	ol, give street	address)		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO					
3. NAME C DECEAS (Type or	ED	Fint OY WA	Middle TSTRUM		Lost	4. DATE OF DEATH	April	њ 	Do		19 67	
S. SEX	6 COLOR OR RAG		IED NEVER MARRIED		ATE OF BIRTH		9. AGÉ (In years fost birthdoy) 32 yrs	IF UNDE Months		IF UNDE		
Male	2 J. 34,307, 103,36, 503,664,664			27	March 1929							
during	L OCCUPATION (Give kind of wo most of working life, even if reti	ired)	KIND OF BUSINESS OR IND	USTRY	II, BIRIHPLACE (State	or toreign c	ountry)	112. CI		WHATC	OUNTRY?	
Civi	<u>l Service Emplo</u>	yee E	lectronics	1.	Marylar Mother's Maiden N				USA			
	ASIL WALSTRUM						TRIC					
	ECEASED EVER IN U. S. ARMED F		SOCIAL SECURITY NO. 17.	INFOR	THELMA M.	THWAY.	Addi	ress				
Cant gave lying	PART I DEATH WAS CAUSED R DUE ditions, if any, which rise to immediate (d), stating the under- couse last. PART II OTHER SIGNIFICANT C	e couse per lin E (c) In (b) Tr (c) (c)	tracranial Her	nori	osed head in	njury)		ZZ C Z	erval Be eft and or 2 ^c	DEATH	
CERTIFICATION OF CO. VI. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	CCIDENT WAS UNDERLYING DENTRIBUTING & CAUSE OF DEA	-	CRIBE HOW INJURY OCCUR						(0)	PERFO	NO [
	ONTRIBUTING 🔼 CAUSE OF DEA HER, NOTIFY MEDICAL EXAMINE	R) Fell	approximately	y 3	O feet into	open	elevator	sha	£t			
	ME OF INJURY Month, Day, Haur 2020.		# 1	LACE	OF INJURY (Home, form, street, office bldg, etc.	20f (Cit)	y or town)		(County)		(State)	
1:0	OO P. M. Apr L.	1961 While			ny Chem.Cen.	1 27 .7	gewood	Harf	ord	Mary	<u>rland</u>	
220 S	the deceased alive an GAMPURE AVISICIAN'S AME (Type)	April .			h accurred a 225	M, fram D RECTOR	STAFF	Apr	il 4	stated 220 , 196	abave DATE SIGNED	
BUR	L. CREMATION, 23b DATE THE	1961	23c NAME OF CEMETERY	OR CR	EMBRAL	- HAI	TION (City, town,	Co	7.	(Stot	e)	
Tr. Th	advan IIII	hell.	Harride Gra	el	Md- DATE A	PR 1 0	10.1	STRAR'S S				



1	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
7 35 (NA)	CERTIFICATE OF DEATH Reg. Dist.	No. 04365
il director	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE MARYLAND b. COUNTY b. COUNTY	· · · · · · · · · · · · · · · · · · ·
deor deor	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE 12	Y . Y .
dy sho	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TARFORD NURSING HOME 630 PARK WORTH AVENUE	e. IS RESIDENCE ON A FARM? YES NO P
n 24 ho filled in jes 1 ar	3. NAME OF DECEASED (Type or print) MINNIE BILLINGSLY WALTER DEATH APRIL	Day Year 16 1961
d withii oletely t rs. Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED MARCH 23, 1877 8 birthdoy) Months Do	EAR IF UNDER 24 HRS 198 Hours Min.
execute nd comp n pape death.	100. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) OWN HOME MARYLAND 12 CITIZET WARYLAND 12 CITIZET OWN HOME MARYLAND	OF WHAT COUNTRY
icion ar affer	13. FATHER'S NAME WILLIAM H. BILLINGSLEY LEANOR GAMBRIL	
ng phys re remay 72 hour	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no or unknown) (If yes, give wor or doles of service) NONE FAMILY RECORDS	
the death	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypostatic pneumonia, terminating	INTERVAL BETWEEN ONSET AND DEATH
es that ed by th mit. Th any eve	Conditions, if any, which gove the to immediate (b) Cardiovascular-renal disease (chr)	??
requir	cause (a), stating the under DUE TO lying cause last. (c) Conservational arteriosclerosis	7?
The faw physic has bee rial-tra maval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 14	o) 19, WAS AUTOPSY PERFORMED? YES NOX
Trending ifficate the but	OR CONTRIBUTING [Ause OF DEATH [200. DESCRIBE NOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of Hem 18.) OR CONTRIBUTING [Ause OF DEATH [200. DESCRIBE NOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of Hem 18.)	
PHYSIC al or of this cert this cert is certain the cer	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. ft. P. m. 19 While Not while of work at work at work at work at work.	nty) (State)
haspit After ched fo urial, cr	21. I certify that I attended the deceased from July 1958, 19, to April 16, 1961, that I last alive on April 16, 1961, and that death occurred at 2:00 a.M. from the causes and on the	t saw the deceased
RECONSTRECTION TO PERSON THE PERS	SIGNATURE DOCARD PHEROSON M.D. FOREST (Street, city or town, stole)	DATE SIGNED
PITAL C	PHYSICIAN'S NAME (Type 11 land P. Hudson, W.D.	14/6/ "/
O HOS may by O FUN Poge 3 the reg	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or country) TOLKIAL 4/19/6/ MORELAND MEM. PARK PARK VILLE	MD.
VS A15 (4) 15M 9/55	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNAL DATE APR 2 0 '61 Outlang & HO	



	- [Item 18 Film 287 5-1 MARYLAND STATE DEPARTMENT OF HEALTH				
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()4366				
		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm'ssion o. STATE MARYLAND MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm'ssion o. STATE MARYLAND O. STATE MARYLAND				
ed in by It ges i and after deat		b. CITY OR TOWN (If outs de corporeté limits. c. LENGTH OF STAY N 1b c. CITY OR TOWN (If outs de corporeté l'mits, write RURAL end give neerest town) write RURAL end give neerest town) HAVRE OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) d. STREET ADDRESS [e. 15 RESIDENCE				
		HARFORD MEMORIAI HOSP. RD2 SNAKE LANE YES NO DECEASED NO PROPERTY YES NO DAY YES				
nd completely ribon papers. within 72 ho		(Type or print) Baby Girl S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA				
physician are remove care any event,	-	10e. USUAL OCCUPATION (Give kind of work done during most of working to, even if relired) NEWDORN UNDOWED DIVORCED 4-24-6, yrs. 6 50 HARFORD. MARHAM. 10b. KIND OF BUS NESS OR INDUSTRY 11. B RTHPLACE (County & Stelle, or fore gn country) 12. CITIZEN OF WHAT COUNTRY HARFORD. MARHAM. 1.5. A.				
ending phy in please re , and in an	Î	Edwin H. WEBSTER JANE Connor				
the attent.	7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(Hyes give were ordetes of service)] Edwin H. Webster Aberdeen R.D. #2 [Interval Between] [Interval Between]				
ohysiciar ined by sil permi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH				
intending is been sig		Conditions, if eny, which gove rise to immediate cause (b) ARAMATALITY THAT THAT THAT THAT THAT THAT THAT TH				
pilal or a nificate ha e as the or to buria		CBUSO Test. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY. PERFORMED YES L. NO .				
this certain ball by the horizontal for us		20b. ACC DENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING 1 CAUSE OF DEATH Of (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) While Not While factory, street, office bldg., etc.) p.m. 19 at work et work						
o Dep		21. 1 certify that (I) (this hospital) attended the deceased from				
AL DIAL		226. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNE 22c. PHYSIC AN'S 22d. ADDRESS				
OSPITA h. Page UNERA Hor, pag		NAME (Type) Frederick J. Hatem Havre de Grace Md.,				
death. O FUJ be filed		23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Apr 26, 1961 St. Francis Abingdon, Maryland				
YR A15 (4) 15M 9/60		24 FUNERAL DIRECTOR'S SIGNATURE HOWARD K. MCCOMBS Son Abingdon, Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE APR 28'61 Circles 8. Krass				
	J.	NH WENT K HILL TOWNS OF				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4374 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission · COUNTY Harford Maryland b. COUNTY Harford MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURALTOND give negrest town) months Bel Air d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INTERIOR // 1111ams Street ON A FARMA 142 Williams Street YES NO Z Middle 4. DATE Ruth 1961 Wiley (Type or print) DEATH 6 COLOR OR RACE 7- MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Femele White Months Days WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Housework Mt. Pleasant, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME () III F Naney Stouffer Charlotte Abraham Loucks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Son Wakefield Pl Lt.Col. wm. S. Air, Md. Pel 18. CAUSE OF DEATH [Enter only one couse per lithe for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 MURLBON IMMEDIATE CAUSE (o) DUE TO **DUE TO** WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not while of work of work 1961, that I last saw the deceased _, and that death accurred at 2:10PM, from the causes and on the date stated above.

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NAME OF

DECEASED

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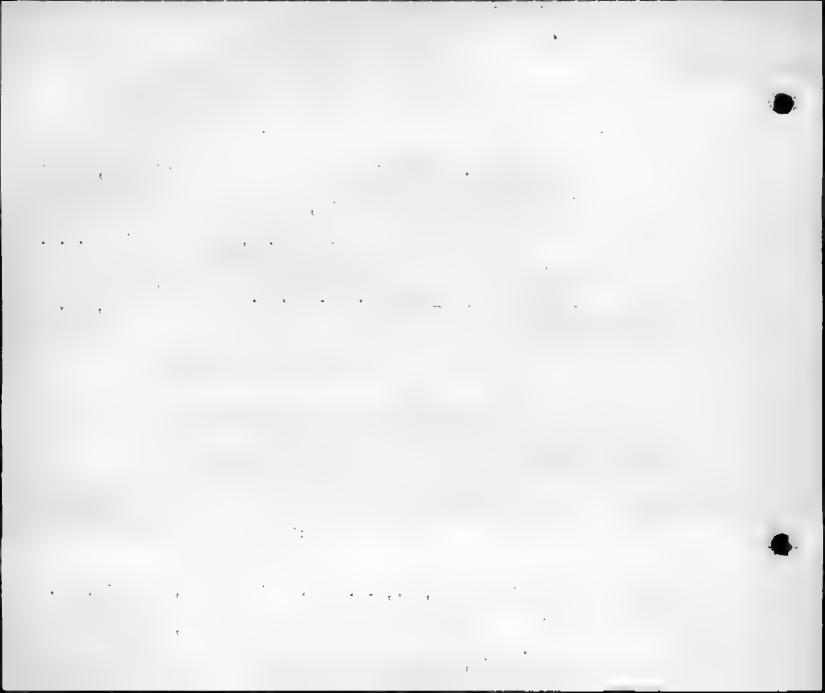
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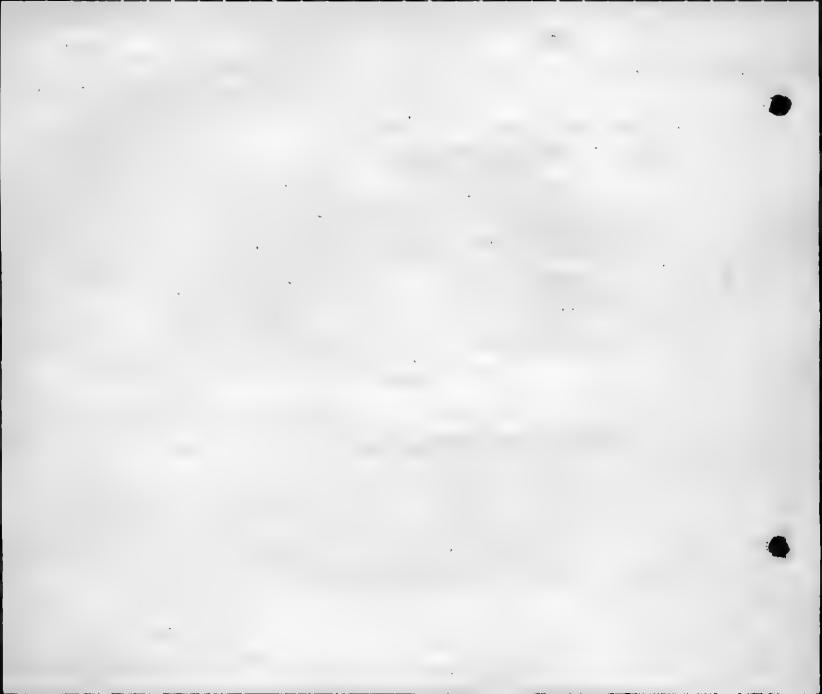
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Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Hour g. m. 21. I certify that I attended the deceased from 4/1/) anch alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Charles Richardson, Jr., M. D. S. Main Street, Bel Air, Md. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) April 18,1961 Scottdale Cemetery Scottdale. Pennsylvania Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE W. Broadway & Williams DATE APR 1 7 '61 anilus S. Thates Maryland

VS A15 (4) 15M 10/57



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, if institutions a. COUNTY / MARYLAND b. CITY OR TOWN (if outside corporete l'mits, C. LENGTH OF STAY N 16 c. CITY OR TOWN (If perside corporate limits, write RURAL and give nearest town) filled in acc d. STREET ADDRES e. IS RESIDENCE ON A FARM? YES NO Yeer 3. NAME OF DEATH (Type or print) 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE TO MARRIED THEYER MARRIED last birthdey) and Months March 31, 1911 50 DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF SUSINESS OR INDUSTRY 11. SIRTHPLACE [County & State, Ar forsign country, 12. CITIZEN OF WHAT COUNTRY? done during most of marking life; even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME affending | 16. SOCIAL SECURITY NO 17. INFORMANT (WITE) (Yes, no, or unkown) ! (If yes give wer or detes of service) BEI ATT, Hark G., MARYIA 216-09-3404 Mrs. Ewid 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PARTAL OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW NJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm 20f (City or town (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 22b. DATE SIGNATURE SIGNED ATTENDING STAFF D.RECTOR PHY5. HOSPITAL Jeath. Page 4 FUNERAL PHYSICIAN'S 22d. ADDRESS MAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) BEL Air, Howford Co., MAryland BEI Air MEmonial Gardens ဗီဝ Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE W. Broadway LWilliams Street VR A15 (4) arihur S. Kraus 15m 9/m0 DATE BEI Air, manylowed



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

V	4370 CERTIFICA	ATE OF DEATH	04369				
1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Whare daceased lived, If institution: R e. STATE b. COUNTY j	asidence before admission)				
	Hartord MARYLI	AND WIO. HA	rtord				
١	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY write RURAL and give nearest lown)	IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end	give nearest town)				
	HAVRE de Grace 17 day	d. STREET ADDRIES	e. IS RESIDENCE				
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addless	d. SIKEET ADDRESS.	ON A FARM?				
	3. NAME OF First Middle	Last 4. DATE Month	Day Yes No N				
	DECEASED (Type or print) Albant Paul	OF DEATH O	10 11				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	WIMMER PIPI	196/ YEAR IF UNDER 24 HRS.				
	Male White WIDOWED DIVORCED		Days Hours Min.				
	102 HISHAL OCCUPATION (Care to Lateral Line MAID OF BUSINESS OF IN		ZEN OF WHAT COUNTRY?				
	dona during most of working life. Machine RETIRE Doperator Steel	Maruland	USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	Charles WIMMER	Alvenia Schettle Wim	mer				
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Ifyes give war or dates of service)						
	No 213-07-161:						
	18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).	100- 2012	ONSET AND DEATH				
	IMMEDIATE CAUSE (a) CONTINUE	recompensation &	Imonth				
	4 Ld. DUE TO Seneraliz	ed anasarca.					
	Conditions, if any, which geva risa to immediate ceusa						
	(a), steting the undarlying DUETO A. S. C. V	()	10 years				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY				
	Dealete - Milliting + 90.0	and 8) millet toot.	YES NO .				
	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (Enter neigra of injury in Pert Lor Part of item 18.)					
	0	(Coursectory, street, office bldg., etc.)	nty) (Stete)				
	Hour e.m. While Not While et work et work	1 1 1 1 1 1 1					
	21. I certify that (I) (this hospital) attended the deceased	from Ularch 29th 19km to ATPre Style	2.4 that (I) (we) last				
		d that death occured at SM, from the causes and on t					
	22a. SIGNATURS	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	12b. DATE SIGNED				
	22c, PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	10/01				
	NAME (Type) Ectivities C. LOO,	M. D. Havre de Epace	Mill .				
		AETERY OR CREMATORY 23d, LOCATION (City, lown or county	r) (State)				
	Burial Apr. 18, 1961 Garden	of Faith Rosedale	Md.				
24 FUNERAL DIRECTORS SIGNATURE SON ADDRESS							
7	Temper Collaborer D	DATE APR 18'61 Cuttur S.	Kraus				
	1 1 1 way and we car ours						

funeral TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pour;

death, Page 4 m as retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 and 2 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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nets to some po aviete. think I through they were a feet the Albert Frank diminist - Hard Be May M. 1095 Loste rounced and 1134 Allegands Internal (T) Charles Ummer all Till Mis. William Porster Jose, M. Roseau . Buring to assert for . 10. 100 Lines mount . Melonas & Not Williams, M. AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liyed. If institution: Residence beface admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Woutside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) enry Wace d. NAME OF HOSPIFAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO [NAME OF DECEASED Middle 4. DATE Month Day Yeor (Type or print) DEATH 4 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Hours WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marylayo and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Maye IS WAS DECEASED EVER IN II. & ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give war or dates of service) attending evry Way CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BATWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: raemia & IMMEDIATE CAUSE (o) DUE TO hroscieros is any Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underterioscieros lying couse fost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO TI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) Hour o. m. factory, street, office bldg., etc.) Not while of work of work p. m. 196 21. I certify that I attended the deceased from to_ that I last saw the deceased and that death occurred at 4:18 alive on M, fram the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE FUNERAL DIN PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lawn, or county) (State) EMOVAS (Spycify) doudor an 23. FUNERAS DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATERPE 15M 10/57

THE BEST WILLS - HEALTH TO TVENTA AND STATE OF METALS. FITATO RG STRONG DED C. FT. r water and